

SERFF Tracking Number: ACEH-125511632 State: Arkansas  
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 08-PR-2007564  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: 08-PR-2007564  
Project Name/Number: Primary Management Liability Products-TRIPRA Forms/08-PR-2007564

## Filing at a Glance

Companies: ACE American Insurance Company, Westchester Fire Insurance Company  
Product Name: 08-PR-2007564 SERFF Tr Num: ACEH-125511632 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence  
Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 08-PR-2007564 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Authors: Marlene Thomas, Bob Wolfrom Disposition Date: 03/11/2008  
Date Submitted: 02/27/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Primary Management Liability Products-TRIPRA Forms Status of Filing in Domicile:  
Project Number: 08-PR-2007564 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/11/2008  
State Status Changed: 03/11/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Effective 01/01/2008, ACE is updating its form filing for its primary management liability products in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA).

## Company and Contact

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### Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com  
 436 Walnut Street (215) 640-5123 [Phone]  
 Philadelphia, PA 19106 (215) 640-4986[FAX]

### Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	
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Westchester Fire Insurance Company	CoCode: 21121	State of Domicile: New York
1133 Avenue of the Americas	Group Code: 626	Company Type:
New York, NY 10036	Group Name:	State ID Number:
(215) 640-2324 ext. [Phone]	FEIN Number: 13-5481330	
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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	02/27/2008	18188573
Westchester Fire Insurance Company	\$0.00	02/27/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/11/2008	03/11/2008

<i>SERFF Tracking Number:</i>	<i>ACEH-125511632</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-PR-2007564</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0006 Directors &amp; Officers Liability</i>
<i>Product Name:</i>	<i>08-PR-2007564</i>		
<i>Project Name/Number:</i>	<i>Primary Management Liability Products-TRIPRA Forms/08-PR-2007564</i>		

## Disposition

Disposition Date: 03/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	TRIPRA Expedited Form	Approved	Yes
Form	Disclosure Pursuant To Terrorism Risk Insurance Act	Approved	Yes
Form	Cap On Losses From Certified Acts Of Terrorism	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Pursuant To Terrorism Risk Insurance Act	TRIA12b	(01/08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #: TRIA12a (02/06) Previous Filing #: 06-PR-106	0.00	TRIA12b_01-08_08-PR-2007564.pdf
Approved	Cap On Losses From Certified Acts Of Terrorism	PF-15026c	(01/08)	Endorsement/Amendment/Conditions New		0.00	PF15026c_01-08_08-PR-2007564.pdf

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in this endorsement or in the policy Declarations.

#### Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

#### Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

We are providing you with the terrorism coverage required by the Act. We have not established a separate price for this coverage; however the portion of your annual premium that is reasonably attributable to such coverage is: \$0.

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Authorized Agent

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**Cap On Losses From Certified Acts Of Terrorism**

It is agreed that the Limit(s) of Liability section is amended by adding the following:

- Notwithstanding anything in this **Policy** to the contrary, if aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and the **Insurer** has met its deductible under the Terrorism Risk Insurance Act, the **Insurer** shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

All other terms and conditions of this **Policy** remain unchanged.

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Authorized Representative





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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Uniform Transmittal Document-  
 Property & Casualty **Approved** 03/11/2008  
**Bypass Reason:** n/a  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Filing Memo **Approved** 03/11/2008  
**Comments:**  
**Attachment:**  
 Filing Memo 08-PR-2007564.pdf

**Review Status:**  
**Satisfied -Name:** TRIPRA Expedited Form **Approved** 03/11/2008  
**Comments:**  
**Attachment:**  
 TRIPRA Expedited Filing Form-AR.pdf

# ACE GROUP OF INSURANCE COMPANIES

## **ACE American Insurance Company Westchester Fire Insurance Company**

### Primary Management Liability Products

### **Explanatory Memorandum**

Effective 01/01/2008, ACE is updating its form filing for its primary management liability products in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA).

#### **Forms**

##### TRIA12b (01/08) Disclosure Pursuant To Terrorism Risk Insurance Act

This form is replacing TRIA12a (02/06). It has been revised to include the required disclosure of the existence of the \$100 billion cap on annual aggregate insured losses (insurer share and federal payment combined). Since ACE is providing this coverage at no charge to all policyholders, the form is mandatory on all policies and the amount disclosed will always be \$0.

##### PF-15026c (01/08) Cap On Losses From Certified Acts Of Terrorism

This is a new form being introduced which: (1) includes the revised definition of a "certified act of terrorism" which eliminates the criterion that the act be committed on behalf of a foreign person or foreign interest, and (2) advises that we will not be liable for the payment of any portion of the amount of aggregate insured losses for certified acts that exceeds \$100 billion. Since ACE is providing this coverage at no charge to all policyholders and is subject to the cap, the form is mandatory on all policies.

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) AR**

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
Westchester Fire Insurance Company	NY	21121	13-5481330

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Robert E. Wolfrom 436 Walnut Street, WBO4G Philadelphia, PA 19106	215.640.5123	215.640.4986	robert.wolfrom@ace- ina.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Other Liability – Claims Made Only 17.1
<b>Company Program Title</b> (Marketing title) (if applicable)	Primary Management Liability
<b>Filing Type</b> ** see note below	Form
<b>This application is used with:</b>	Primary Management Liability Products
<b>Effective Date Requested</b>	01/01/2008
<b>Filing date</b>	02/27/2008
<b>Company Tracking Number</b>	08-PR-2007564
<b>Date filing approved in domiciliary state, if applicable</b>	pending

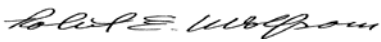
	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Cap On Losses From Certified Acts Of Terrorism	PF-15026c (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Disclosure Pursuant To Terrorism Risk Insurance Act	TRIA12b (1/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TRIA12a (02/06)	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

  
Signature

Robert E. Wolfrom \_\_\_\_\_  
Print Name:

Sr. Regulatory Specialist \_\_\_\_\_  
Title: